	ORD	ER FOR S	UPPLIES OR SER	VICES						PAGE	OF	PAGES	
IMPORTANT: Mark all packages and papers with contract and/or order n				numbers.	ı					1		3	
1. DATE OF ORDER 2. CONTRACT N			IO. (If any)	6. SHIP TO: Jerome D. Davis									
08/26/2004 GS-25F-0110M			WDEEEDENOE NO	a. NAME OF CONSIGNEE									
3. ORDER NO. 4. REQUISITION/REFERENCE NO PR300040144				DOT/Maritime Administration, MAR-313									
	5. ISSUING OFFICE (Address correspondence to)				b. STREET ADDRESS 400 Seventh Street, SW., Room 7313								
DOT/Maritime A	Administration, MAR-38	30											
400 Seventin St	reet, SW., Room 7310		c. CITY				d. STATE	e. ZIP	CODE				
Weekington DO 20			20500	Was	shington					DC		20590	
Washington													
a. NAME OF CON	7. TO:			f. SHIF	VIA								
a. 10 an 201	***************************************						8	TYPE OF	ORE	)FR			
b. COMPANY NA	ME			a.	PURCHASE		<u> </u>	111 2 01	X	1			
NEOPOST IN	NC			REFE	RENCE YOUR	<b>R</b> :			<u> </u>	b. DELIVERY			
c. STREET ADDR 30955 HUNT					TILL ENLINGE TOOK.					instructions on the reverse, thi delivery order is subject to instructions contained on this sonly of this form and is issued			
00000110111				Please	Please furnish the following on the terms and								
d. CITY		e. STATE	f. ZIP CODE		conditions specified on both sides of on the attached sheet, if any, including								
HAYWARD		CA	94544-7040	indicat		a,,o.aas	, aoo., ao						
	AND APPROPRIATION		•	10. RE	QUISITION	IINC	G OFFICE						
4750 - 1 - 04 - 0 <sup>-</sup>	10 - GAJ016 - 131000 -	2338		DO.	T/Maritime A	Adm	ninistration, N	//AR-313					
11. BUSINESS C	LASSIFICATION (C	Check appropr											
a. SMALL		b. OTHE	R THAN SMALL	" - 1 - 1	c. DISAD\				_	d. WOMEN-OV			
<ol><li>F.O.B. POINT Destination</li></ol>			14. GOVERNMENT	ΓB/L NO.	B/L NO.   15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)				16. DISCOUNT TERMS				
13. PLACE OF					011 011 221 0112 (2010)			<i>Duito</i> )	10 days 20 days			% %	
a. INSPECTION b. ACCEPTANCE										30 days		%	
										days		%	
		1	7. SCHEDULE (See re	verse for	Reiections)								
ITEMANO					QUANTITY UNIT						QUANTITY		
ITEM NO. (a)	SUPPLIES OR SERVICES (b)				ORDERE (c)	יט	UNIT (d)	PRICE (e)	=	AMOUN (f)	NT ACCEPTI (g)		
		,	,						, ,		ισ,		
	SEE LINE ITEM DETAIL												
	Remit Checks	Remit Checks to: U.S. Postal Service,											
	P.O. Box 0575, Carol Stream, IL 60132												
	OR												
	Wire Transfer: Citibank, CMRS/Neopos												
	Acct: 4067-8625, Routing: 021000089,												
	Customer Acct: 30674428												
	18. SHIPPING POIN	WEIGHT	20. INVOIC	CF N	NO.								
		10. 01.000 01.11 11.00 11.11											
SEE BILLING	21. MAIL INVOICE TO: Ruby P.				. McPhaul							17(h) TOT. (Cont.	
INSTRUCTIONS	a. NAME										pages)		
ON REVERSE	DOT/Maritime Admin												
	b. STREET ADDRES									17/i\			
	400 Seventh Street, SW., Room 7325				d. STATE le ZIP CODE			\$20,0	00.00	17(i) GRAND TOTAL			
	c. CITY Washington						e. ZIP CODE 20590						
22. UNITED STA					DC								
	Y (Signature)	1	- YM :			23	5. NAME Erica L. W	<i>(Typed)</i> /illiams					
		4	ica O VIllia	nes		1			(ORD	ERING OFFICE	=R		

			SUPPLEMENTA	L INVOICIN	IG INFORMA	TION	P	AGE NO. 20	13
provided the f \$ N must be provi prices, and ex exceed \$10 (6	following s to other in ided; cont extended to except for	statement, (signed a lyoice will be submitt tract number (if any) otals. Prepaid shipp parcel post), the bil	y be used by the Contra and dated) is on (or attacted." However, if the Co , order number, item nur ing costs will be indicate ling must be supported be period, consolidated per	ched to) the ontractor wis mber(s), desert as a separate by a bill of la	order: "Paym shes to submi scription of su arate item on ading or recei	ent is requested in the t an invoice, the following pplies or service, sizes the invoice. Where ship pt. When several order	amount of ng information , quantities, unit pping costs		
			REC	EIVING RE	PORT				
			on the face of this orde			ected, accept	receive	ed	
<b>⊢</b>	PARTIAL		DATE RECEIVED	SIG	NATURE OF	OV'T REP.	DATE		
	FINAL				_				
TOTAL CONT	TAINERS	GROSS WEIGHT	RECEIVED AT	TITI	LE				
		•	REPOR	T OF REJE	CTIONS				
ITEM NO. SUPPLIES OR SERVICES				UNIT	QUANTITY REJECTED	REASON FOR REJECTION			

## ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO. 3 of 3

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 08/26/2004 GS-25F-0110M DTMA1F04101 **QUANTITY** UNIT QUANTITY **AMOUNT** ITEM NO. SUPPLIES OR SERVICES ORDERED UNIT **PRICE** ACCEPTED (f) (a) (e) (g) 1.00 NTE 20,000.000 20,000.00 0001 Postage-On-Call (Account #30674428) Funding for Neopost on call for the following regions: North Atlantic, Central, Western, Great Lakes, and South Atlantic Reference Requisition: PR300040144 TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) \$20,000.00